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ORIGINAL COMMUNICATIONS.

CASE OF EXTRA-UTERINE PREGNANCY —A FŒTUS OF TEN WEEKS EXPELLED PER RECTUM—RECOVERY.

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Read before the Medical Society of the Alumni of Georgetown College, November 3, 1873.

EXTRA-UTERINE fœtation is of rare occurrence, and this fact gives to the cases met with in practice a peculiar interest. Of all the phenomena incident to generation, no one, it strikes us, is more anomalous or remarkable than this. We can readily conceive how, after impregnation, the ovum may be arrested in its journey towards the womb, its natural receptacle; but why it should become attached to other structures, and from unnatural sources derive nourishment and support, even to full maturity,—as happens in some cases,—this we confess puzzles us. It would be far more reasonable to suppose that, failing to reach the womb, development of the germ would be arrested, decomposition follow, and the blighted product in time find its exit through a natural channel,—the Fallopian tube,—or, failing in this, be removed by absorption. Such, experience teaches us, is not the case; and the greater the pity it were not.

Mrs. J., aged 30, has been married eleven years. A few months after her marriage she had a miscarriage. From that time up to March 13, 1873, menstruation was regular. She had never been pregnant. In April her catamenia did not appear, and she suffered from great pain in the left side, nausea, and general malaise. These symptoms were more marked when her next period returned in May. In June, as she was going downstairs, she was suddenly seized with cramps and bearing-down pains. To use her own expression, "I felt as if everything in me was going to be forced out." She was at once placed in bed, and the nearest physician summoned. He prescribed an anodyne, and left. In a few days she was up again. Soon after, she noticed that some shred-like substances passed from the vagina, and sent for her physician. He prescribed for her, told her she would soon be better, left, and did not see her again.

July 10, 1873, her husband desired me to see her, as she was getting worse. I called, and she informed me that the physician who had been treating her had abandoned the case, and she must have relief, if possible.

Her condition at this date (July 10) was as follows: Pulse 90; tongue heavily coated; bowels alternately constipated and relaxed; extremities cold; fever, insomnia, anorexia, nausea,—all characterized her case. She complained of much pain and soreness in the left lumbar region, and at times there seemed to be an unusual prominence in that part. So great was the tenderness, when this prominence was most marked, that she could not bear the slightest pressure of the hand upon it. From this point as a centre, the pain extended to her back, her breast, her limbs,—in short, over her whole body. Her complexion was sallow, and, at times, almost jaundiced. Her decubitus was dorsal; she could not lie on her left side at all.

My first consideration was, What have I to treat here? Is it a miscarriage, ovaritis, peritonitis, cancer, or extra-uterine pregnancy? My second was, How shall I determine? I directed that if anything passed from the vagina it should be placed in alcohol provided for the purpose. I ordered turpentine stupes to the abdomen and breast, an air cushion to relieve the back and prevent bedsores, and, as she had lost much sleep, and her stomach was very irritable, I administered, hypodermically, one-fourth grain of morphia at night. Beef-tea, milk punch, and wine were freely given. Lime-water, solution of carbolic acid, and champagne gave her only temporary relief from the vomiting.

As there was a slight discharge from the vagina, I determined as soon as possible to make an examination with the speculum. I began to suspect malignant disease of the uterus. The extreme sensitiveness of the parts had first to be overcome. Tepid enemata of flaxseed tea, with laudanum, soon removed this. The examination did not confirm my suspicions. The cervix was a little larger than normal, and very sensitive, admitting the sound for three-fourths of an inch. Made no effort to pass the instrument into the cavity, and detected no signs of cancer.

July 20.—I determined to try liquor of ergot, as a digital examination convinced me that the womb was about twice as large as it would be in an unimpregnated condition, and I concluded that, if it contained a dead fœtus, the sooner it was removed the better. Shortly after its administration she passed from the vagina, at three different times, masses of a shred-like substance, which were at once placed in alcohol. Dr. J. J. Woodward, of the U.S.A. Medical Museum, and his assistant, Dr. E. M. Schaeffer (both of whom manifested much interest in the case), carefully examined these under the microscope. They could detect no indications of malignant disease of the uterus, nor evidence that the substance was the product of an abortion.

A careful examination of the abdomen convinced me that this was not a case of peritonitis, for the painful part was too circumscribed, and there was some tolerance of pressure with the finger over the right iliac region, while the other side was exceedingly sensitive and painful.

In order to relieve the pain, if possible, and to ascertain whether its origin was ovarian, I ordered the following, which has proved of value in such cases:

℞ Ammoniæ mur., ʒj;
Tinct. aconiti, fʒj;
Syr. aurant., fʒiv.

M. et sig. Dose, one teaspoonful three times a day.

No favorable results followed its administration.

Thus, it will be seen, I arrived at a point—from a series of negative confirmations, viz., it was not a miscarriage, not carcinoma, not peritonitis, not ovaritis—where I could fix my diagnosis.

At this stage of the case (about the 26th of July) I announced to the patient and her husband my diagnosis of the case,—extra-uterine pregnancy. From August 4 to August 8 her symptoms were greatly aggravated. The persistent efforts to vomit (although her stomach was entirely empty) seemed to rack her entire system, and I began to fear that she would sink from the exhaustion induced by them. Remedies were of no avail. On the 7th of August she seemed very bilious, having had no evacuation for two days. Five grains of mass. hydr. administered, and the dose repeated in five hours. Citrate of magnesia was ordered on the morning of the 8th. Soon after some blood-clots passed from the rectum, and one arm of a fœtus. Saturday morning, August 9, while having an evacuation, she felt something engaged in the anus that she was unable to pass. It was removed by her nurse, and proved to be the larger portion of a fœtus, with the placenta and cord attached. One hand with the arm was perfect. It was a fœtus of about ten weeks,

and, although somewhat decomposed, is carefully preserved, as an interesting specimen, in the U.S.A. Medical Museum.

The following is a history of the case from the date of the expulsion of the fœtus, August 9, 1873.

I was sent for as soon as the fœtus passed, but did not see my patient (as I was detained by other engagements) until 1 P.M. She had been suffering from faintness and nausea, and had passed several blood-clots per anum. In reply to my question, "How do you feel now?" she said, "I feel a constant desire to pass fecal matter, and this is accompanied with pain in the left side, and nausea." I at once made an examination per vaginam. The os and cervix were in a normal condition. There was no indication of dilatation. The os was no more patulous than on my previous examination. When I removed my finger there was no trace of blood upon it. I then passed the forefinger into the rectum. The operation was attended with great pain to the patient. The temperature of the part was greatly increased, and on withdrawing the finger it was found covered with blood, and what seemed to partake of the character of pus. I at once placed a folded napkin against the vulva, and directed that it be examined after more clots passed. This proved that the clots came from the anus, as the napkin was unsoiled. Pulse weak, and 100. Some fever, with thirst, and occasional chilliness. Ordered beef-essence and brandy, alternate hours; turpentine stupes to the abdomen, and enemata of solution of starch, turpentine, and laudanum three times a day; hot bricks to the feet; no solid food; hypodermic injection at night; gave ice freely; vin. ferri et cibi, f℥ss three times a day.

August 10.—Patient restless and feverish. Slept some last night. Pulse 118; surface moist (cold perspiration); skin sallow; great thirst, and pain in the left side, passing thence to other parts, as the back and breast. Treatment continued.

August 11.—Has passed some blood per anum since yesterday. Pulse 120; extremities inclined to be cold; complexion sallow; expression bad; complains of thirst, debility, and a constant desire to defecate. Abdomen is smaller, and less tender. Slept without hypodermic injection, awaking about every two hours. Treatment continued, substituting beef-essence for solution of starch in the enemata.

August 12.—Had a bad night until one-third of a grain of morphia was injected hypodermically. Pulse 118; complexion and expression bad. Pain seems to have moved higher up the left side. She suffered much from nausea until the morphine was administered, after which her stomach became quiet. The morphine quieted her, but she did not sleep. Temperature, morning, 99½°; noon, 100°; night, 101°. Treatment unchanged.

August 13.—Bowels moved slightly last night. Pulse 110; temperature, 6 A.M., 99°; 12 M., 99¼°; 6 P.M., 99°. Complains of pain higher up. Stomach very irritable. Had a restless night,—somewhat delirious. Gave less brandy; otherwise, treatment continued.

August 14.—Tongue red and dry; great thirst; pulse 102; pain has moderated, but there is great tenderness over the pit of the stomach. Circulation bad, as evidenced by coldness of hands and feet; at times flighty, desiring to get out of bed; temperature, 7½ A.M., 97°; 12 M., 98¼°; 6 P.M., 101°; did not rest well last night.

℞ Ol. terebinth., f℥jss;
Pulv. acac.,
Pulv. sacch. alb., āā ℥ij;
Tinct. opii,
Spt. lavand. co., āā f℥j;
Aq. puræ usque ad f℥ij.

Ft. emulsio.

Sig.—One teaspoonful every three hours.

August 15.—Bowels moved last night. Pulse 108; tongue moist, and symptoms better; no pain, but great debility; expression is decidedly better, and she seems more cheerful; temperature, 6 A.M., 98¾°; 12 M., 99°; 6 P.M., 100¼°.

August 16.—Had a good night. Pulse 102; bowels moved three times during the night; the last time she passed some débris of the fœtus that had been retained when the mass came away; complains of pain in the pit of the stomach, and cannot retain the emulsion; tongue not so moist as yesterday; circulation not so good; it is with difficulty that her hands and feet are kept warm; temperature, 6 A.M., 98°; 12 M., 98°; 6 P.M., 98¼°. Suspend the emulsion, continue the other treatment.

August 17.—Rested well last night, and seems to be better. Pulse 102; no fever; very little pain and thirst; desires more substantial diet, as she "feels hungry;" bowels moved last night; circulation evidently improved; temperature, 6 A.M., 99°; 12 M., 99°; 6 P.M., 100½°. Treatment continued.

August 18.—Doing well. No pain, save when she coughs; had a slight night-sweat last night; pulse 96; temperature, 6 A.M., 98¼°; 12 M., 99½°; 6 P.M., 100°; took some cracker in her chicken-broth last night, and feels that she is becoming stronger. No change in treatment.

August 19.—She is very comfortable to-day; seems quite free from fever; no pain in the side, but tenderness on pressure over the uterus; was raised up in bed for a few minutes, while her pillows were adjusted. Pulse 102; temperature, 6 A.M., 98¼°; 12 M., 99°; 6 P.M., 100¾°. Takes the vin. ferri et cibi three times a day, broth, soup, or beef-tea, with brandy.

August 20.—Complained to-day of some pain in the left side; relieved by a turpentine stupe; not so much tenderness over the uterus; had a small evacuation, perfectly natural, no pain; has some fever at night, and requires the morphine; pulse 102; temperature, 6 A.M., 98°; 12 M., 99°; 6 P.M., 101°. Took a soft-boiled egg this morning, as her appetite is improving.

August 21.—Up to this date have made my visit in the morning, only calling at night when I deemed it necessary. Deferred my visit to-day until 8 P.M. Has been very comfortable all day, but had a restless night until the morphine was given. Pulse 108; tongue moist; extremities cool and moist; appetite improving; temperature, 6 A.M., 98°; 12 M., 98°; 6 P.M., 99½°.

August 22.—Saw her at 7½ P.M.; has some fever; pulse 108; some pain in left side; temperature, 6 A.M., 98°; 12 M., 97¼°; 6 P.M., 99¼°.

August 23.—No pain in the abdomen; had a severe headache last night, and did not sleep, although the hypodermic injection was given; took a little raw beef to-day; pulse 96; temperature, 6 A.M., 98°; 12 M., 98°; 6 P.M., 99¼°; tongue moist, and symptoms generally favorable.

August 24.—Had severe pain in the abdomen last night, and two evacuations, caused probably by eating a few grapes; has some fever to-day; has vomited what seemed both sour and bitter to her; has been suffering from ardor urinæ; decoction of uva ursi, with flaxseed tea, ordered; pulse 96; temperature, 6 A.M., 96¾°; 12 M., 98°; 6 P.M., 100°.

August 25.—Was restless last night until the injection of morphine was given; has felt (as she expresses it) a drawing sensation in the left iliac region, similar to that attending the application of cups; pulse 90; temperature, 6 A.M., 98°; 12 M., 98°; 6 P.M., 100°.

August 26.—Complains of a tightness or drawing in the left side of the abdomen (lumbar region), but no pain; suffered some from nausea last night; had an evacuation, and it contained much mucus; ardor urinæ relieved; pulse 90; temperature, 6 A.M., 98½°; 12 M., 98°; 6 P.M., 100°.

August 27.—Does not rest at night unless she has the morphine; has pain in her back, probably from remaining too long in one position; gentle pressure upon the abdomen causes no pain; every attempt to straighten the left leg causes a sensation of drawing or tightness in the left side of the abdomen; pulse 96; temperature, 6 A.M., 98°; 12 M., 98°; 6 P.M., 99°.

August 28.—Had some fever last night, and vomited bile; complained of sharp pain in left lumbar region, extending into the groin and to the right side of the back; appetite is failing; extremities rather cool and moist; stimulants ordered to be taken in larger doses; she has taken but little of them during the last week; mass. hydr., gr. iij, to be given this P.M.; pulse 88; temperature, 6 A.M., 97°; 12 M., 96½°; 6 P.M., 99⅓°.

August 29.—Was very restless last night until gr. ¼ morphia was injected; to-day pulse is 80, skin cool and moist; has felt some pain in the womb, and passed wind per vaginam; temperature, 6 A.M., 97°; 12 M., 98°; 6 P.M., 100½°; had an evacuation, passed bile, and feels very comfortable.

August 30.—Had slight fever last night, and some nausea, which the injection of morphia relieved; has some pain in the left lumbar space to-day, but can extend the left limb with less difficulty, and with but little or none of that drawing in the left side; pulse 96; temperature, 6 A.M., 98°; 12 M., 98°; 6 P.M., 98¾°.

August 31.—Felt some "cutting pains" in left side last night; had a yellowish discharge from the vagina, accompanied with a throbbing pain in the womb; pulse 80; temperature, 6 A.M., 98°; 12 M., 98¾°; 6 P.M., 99⅓°.

September 1.—Sat up in a chair ten minutes to-day; has no pain when quiet, but is very weak; pulse 78; temperature, 6 A.M., 97½°; 12 M., 98°; 6 P.M., 98½°.

September 2.—Did not feel so well to-day, and had quite a fever at night; pulse 80; temperature, 6 A.M., 97½°; 12 M., 98°; 6 P.M., 98½°.

September 3.—Feels much better to-day, and is doing well.

At this stage of the case, on account of a misunderstanding with the husband relative to the *quid pro quo*, my ministrations ceased, the patient passing to the care of Dr. Lincoln, of this city.

The notes of this case were taken with care at the bedside of the patient, and no pains spared to make the history both correct and complete. After the expulsion of the fœtus every symptom or change of any moment was duly noted, for the purpose of procuring an exact history of the phenomena incident to extra-uterine fœtation. Full reports of such cases are rare. In Dr. Garland's case, a brief report of which was copied in a late issue of *The Philadelphia Medical Times* from the *Boston Medical and Surgical Journal*, "the last piece of bone was discharged on May 4." He then remarks as follows:

"Under the most sustaining treatment, the patient gradually sank, and died on the 20th of May, 1872."

An exact history of the case during these sixteen days—the stage of the pulse, temperature, nature and frequency of the evacuations, and general condition of the patient—would be of real interest.

Fortunately, in my case no opportunity was afforded for an autopsy; but a careful study of the case has led me to the following conclusions:

It is my impression that conception occurred just after the menstrual period, March 13, 1873; that the symptoms attending the return of her period four weeks later were in a great measure due to the fact that the pregnancy was abnormal, and as the fœtus increased in size it caused pain by pressure upon the parts with which it was in contact. I strongly suspect that the grave symptoms upon the return of her third period in June were induced by the passage of the fœtus with the placenta into the colon, as adhesion, softening, and consequent breaking down of the tissues of the large intestine must have taken place, otherwise the fœtus would have remained in the abdominal cavity.

Now, admitting conception to have taken place about the middle of March, 1873, and arrest of development to have occurred early in June, we should find, as in this case, a fœtus of about ten weeks.

As regards the temperature in this case, at no time, it will be seen, did this exceed 101°, while on the 24th and 28th of August it fell to 96¾° and 96½°. Dr. Aitken ("Science and Practice of Medicine," vol. i. p. 48) says, "When it is found in a bad case of typhoid fever that some morning about the third week the temperature has fallen to 99.5°, the reparative stage has begun, the healing of Peyer's patches."

We ask, therefore, did not the low temperature on the 24th of August mark a favorable crisis in this case, so far as the condition of the intestine was concerned? We had expected (after the passage of the fœtus) to find the temperature ranging with that of typhoid (enteric) fever. In this we were mistaken. Why did the temperature never exceed 101°, and why should it fall so low as 96½°? Excessive loss of blood will cause a decline in temperature. That condition did not obtain in the present case, for the small amount of blood lost after the expulsion of the fœtus led me to believe that my patient might recover. Had there been profuse hemorrhage I should have anticipated an unfavorable result.

Another interesting question presents itself as regards this case. Where did impregnation take place? In the ovary, I believe, and before the ovule left the Graafian vesicle. Why? Because when it occurs in the Fallopian tube and the ovule fails to pass into the womb, rupture of the tube is generally attended with fatal hemorrhage (Ramsbotham, p. 575). I consider this a case of sub-peritoneo-pelvic pregnancy, the second in Cazeaux's classification, "in which the ovule, after having quitted the ovarian vesicle, is unable to pass into the Fallopian tube, but gets between the two laminæ of the broad ligament, and is there developed. Of course the ovule is situated without the peritoneum, and it lodges principally in the pelvic cavity." The same author adds (p. 261), "In this variety the product of conception, by occupying the pelvic excavation, displaces and compresses the organs there situated,—the vagina and rectum, for instance,—and pushes them to one side." This condition would have obtained in our case, but for the early arrest of development, as evidenced by the extreme sensitiveness of the vagina, and the marked prominence in the lower portion of the left lumbar region just above and to the inside of the sigmoid flexure.

Taking it for granted that this prominence or swelling marked the position of the fœtus and pla-

centa, we infer that they must have entered the descending colon at a point just above the sigmoid flexure. The capacity of the bowel in this quarter strongly favors such a supposition.

Ramsbotham (p. 583) informs us that he had known of fourteen cases of extra-uterine fœtation, with the following results. Ten died, four recovered. Two passed the bones per anum; from one the fœtus was extracted by incision; the other recovered, the fœtus remaining within her.

October 31, 1873.—In a conversation with Dr. Lincoln to-day, he informed me that he made but a few visits before he found Mrs. J. down-stairs and able to walk about. Since that he had not seen her. "You had got her through all right, doctor, and there was nothing for me to do," he remarked.

I believe that the morphine administered hypodermically, while it often failed to produce sleep, quieted the nervous irritability,—a great point to be gained,—and proved very valuable in this case. While in some instances I have seen excessive vomiting follow its administration by this method, a contrary effect obtained here. The nausea was greatly relieved by it. To the careful use of morphine hypodermically, to the prompt meeting of indications as they appeared, to a faithful adherence to the sustaining treatment, and to the determination of my patient not to die, I attribute her recovery from a condition that generally proves speedily and surely fatal.

WASHINGTON, D.C., November 3, 1873.

SOME OF THE CAUSES OF HÆMOPTYSIS.

BY HORACE Y. EVANS, M.D.

THERE is scarcely an event occurring in the general practice of medicine, except it be post-partum flooding, that so shocks and, to an extent, paralyzes the physician, as copious hæmoptysis.

Notwithstanding the conviction of the experienced that this hemorrhage rarely proceeds so far as to produce immediate death, yet, remembering that the blood is life, and to see that life, as it were, gushing from both mouth and nostrils, and that, too, from a being already chlorotic from a wasting disease in a vital organ, is sufficient to disturb the equanimity of the most deliberate.

This loss of blood may arise from various causes, and at various periods of health and disease.

The causes may be conveniently, and to a certain extent truly, divided into two classes,—those external to the body, and those internal, or arising as a result of a diseased condition. Of the first, we have mechanical injuries to the chest, such as penetrating wounds. During the late war of the rebellion this was not an uncommon event in the experience of many of us. So also from fracture of the ribs, spiculæ of bone penetrating the lung-tissue, the inhalation of caustic fumes and particles of irritating dust, as in the case of file-makers or those employed in grinding and polishing metals. It frequently results from excessive physical exertion, as in straining, or lifting heavy bodies. The forced retention of air in the lungs whilst the abdominal and thoracic muscles are rigidly contracting will, in many cases, produce either an emphysematous condition or a complete laceration of the viscus with its contained plexuses of arteries and veins.

Of the second class, catarrh may be named as occasionally causing hemorrhage; though the uncomplicated attacks usually traceable to this cause are of so slight a character that we are forced to the conclusion that the bleeding is from the vessels on the larger bronchial surfaces, and not from the lungs proper.

Another very fruitful cause of this hemorrhage, and one frequently not recognized, is disease of the left side of the heart. The defective mitral valve, with its indurated, contracted, and weakened segments, no longer protects the delicate lung-structures against the powerful contractions of the left ventricle, and, as a consequence, regurgitation takes place, thus keeping up a constant and forced dilatation of the pulmonary vessels. These sooner or later give way, producing the most annoying and obstinate attacks of hæmoptysis with which we meet. Indeed, there is no more unfortunate complication with which the consumptive can be afflicted than this same disease of the heart.

We have also what are called vicarious hemorrhages,—those following the interruption of habitual discharges, such as hemorrhoidal or menstrual. They are occasionally serious, yet by that remarkable law of accommodation in nature the vessels soon become reconciled to the excess of blood, and it flows on submissively in the natural channels. Notwithstanding the facility with which we can thus rationally account for almost every form of hæmoptysis, we usually associate its occurrence with an internal and far more grave disorder than any of which we have as yet spoken,—viz., the incipiency or full-fledged existence of consumption.

Authorities differ widely in regard to the relationship existing between this hemorrhage and the presence of tubercles in the lungs. Launce, Louis, Rokitansky, Watson, Williams, and many of our own writers, associate the two as almost invariably dependent the one upon the other. Either the hemorrhage, by its subsequent clots, creates a local irritation, congestion, and inflammation, thus clogging the channels of nutrition, the lymphatic glands degenerate and are converted into tubercles, or the whole mass becomes cretaceous phthisis; or, on the other hand, fully-developed and softening tubercles by the ulcerative process open a pulmonary vessel and thus act as a direct cause of hemorrhage. Though there may be valid reasons for rejecting hæmoptysis as pathognomonic of consumption in the early stage, yet in the latter it becomes a direct result, pointing to softening and actual destruction of lung-substance. There are, undoubtedly, numerous instances in which hemorrhage has been frequent and copious without terminating in disease; yet it is a well-established pathological fact that in cases of tubercular cachexia there exists a fragile state of the blood-vessels not usually found in other diseases. This degenerating tendency, so characteristic of consumption, greatly

favors, and is the only way of accounting for, this bleeding in the early stage, when the physical signs do not as yet indicate disease. We have often watched, and with a degree of certainty predicted, hemorrhage in the early stages of phthisis. The history and symptoms of such a case would be about as follows. An irritating, short, and dry cough, traceable to a slight cold contracted a few days previously; great oppression, difficulty in breathing, loss of appetite, thirst, continued fever; pulse rarely under 100; temperature from 100° to 104°; expectoration very slight, and of a saltish taste. Percussion-signs at first almost nil. Auscultation would reveal dry tubular sounds over a part of one or both lungs. Respiration rapid, with *prolonged* expiration. These symptoms would gradually become aggravated, continuing for several days, when, after an unusually severe attack of coughing, hemorrhage would commence. The relief following this occurrence sustains our explanation,—viz., the existence in the first place of tubercular deposits to an extent not as yet recognizable by physical signs nor incompatible with the normal functions of the lungs. But the catarrh awakens the fire; the flames spread rapidly to the miliary centres already existing, and, upon the principle of *ubi irritatio ibi affluxus*, an active congestion results, and the degenerated and enfeebled blood-vessels, unable to endure the pressure, give way.

The main cause, however, in the advanced stage, and the one resulting in the most copious loss of blood, is the dilatation and thinning of the pulmonary blood-vessels. By some authors it has been named ectasis, or aneurism; but to the sight and touch in the cadaver it resembles the varicose condition often found in the veins of the lower extremities. In the process of softening and conversion of the tubercular or adenoid substance into pus, cavities are formed, through or on the walls of which the pulmonary vessels pass; by the loss of structure they are exposed, the normal support of the lung-tissue is removed, and the vessels dilate and eventually burst.

This event may occur in the formation or emptying of each successive abscess. The progress of the disease to a fatal termination depends upon the rapidity with which one abscess follows another.

NOTES OF HOSPITAL PRACTICE.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. S. D. GROSS, M.D.

Reported by JOHN B. ROBERTS.

TUBERCULOSIS OF THE SPINE.

THIS little child has angular curvature of the spine from caries of the bodies of the vertebræ, as is shown by this projection in the middle of the dorsal region. This affection, frequently called Pott's disease, is dependent upon deposits of tubercular matter in the areolar structure of the vertebral bodies, and is in its nature essentially like the tuberculosis of the hip and other joints that is found so frequently in children of the strumous diathesis.

After deposition has occurred, softening and disintegration take place, utterly destroying the bodies of the vertebræ, so that the weight of the head and shoulders causes the spinal column to bend forward, and the spinous processes, which are not affected by the disease, to project unnaturally and make a protuberance upon the back. The amount of deformity produced is governed by the number of vertebræ involved, and when several of these are destroyed the contour of the chest is very materially changed, the ribs and sternum being forced to assume a horizontal position.

The pus formed may be discharged in the neighborhood of the disease, or, by travelling downward, form a lumbar or psoas abscess.

The affection occurs in children of a strumous diathesis, and usually before the age of ten; though cases are occasionally seen where the patient has attained adult years.

The child first becomes weak and delicate, has cold extremities and a tumid belly, and is awakened during the night by spasmodic pains in the chest and abdomen resembling neuralgia. Pain upon pressure is then noticed, and difficulty in progression occurs, as shown by the peculiar gait assumed by the little patient, who walks with the body inclined forward, the head bent backward, and the feet widely separated and scarcely raised from the floor, to avoid concussions of the spine.

As the disease advances, paralysis of the extremities may supervene from compression of the spinal cord, caused by the angularity of the column at the seat of morbid action; and, as the pressure is first brought to bear upon the anterior portion of the cord, the function of motion is generally impaired before sensation.

The treatment of caries of the spine consists essentially in absolute rest in the recumbent posture, so that the vertebral column may be relieved from sustaining the head and shoulders, which tend to increase the deformity as long as the diseased bones are compelled to support them. As soon, therefore, as the affection is recognized, the child should be confined in bed, upon a firm level mattress, without any, or at most with a very low, pillow, and should be kept there until repair takes place. This is accomplished by the formation of osseous material around the seat of disease, bridging, as it were, the gap left by the destruction of the bodies of the vertebræ, and affording support to the head and shoulders. In this position the patient must remain, not a few weeks or months, but until the cure is completed by the occurrence of firm anchylosis.

As the disease is a manifestation of constitutional vice, such internal remedies as will build up the system must be employed: hence cod-liver oil, quinine, and the ferruginous preparations should be administered, and the child given the benefit of the best possible hygienic surroundings.

GOITRE.

Mary S., aged 14, and born in this country, comes to the clinic with a swelling in the neck, for which she requests treatment. This is simply a case of goitre, or chronic hypertrophy of the thyroid gland, which is rather an unusual affection among natives of this country, though often met with in certain sections of Europe, where, indeed, in some places, as in the valleys of Switzerland, it is endemic, and frequently associated with that peculiar form of idiocy known as cretinism.

Goitre, or bronchocele, which, by the way, is not confined to the human subject, but has been observed also in the inferior animals, occurs chiefly in young persons, females more frequently than males, and may occasionally be hereditary. The skin over the swelling is free from discoloration, and there is usually no pain

connected with the progress of the disease unless a nerve be compressed by the morbid growth. The tumor generally increases slowly, but may in time attain great bulk, causing headache and epistaxis by obstructing the return of venous blood, and difficulty in respiration by the pressure exerted on the trachea and upon the phrenic and pneumogastric nerves.

There are numerous growths occurring in this situation which might make a diagnosis difficult, were it not that each has characteristics that in most instances render its nature apparent. Swelling of the lymphatic glands may be excluded when there are none enlarged in other portions of the neck, and when there is no history of strumous disease.

Aneurism, particularly of the carotid artery, might be confounded with goitre, but it is not liable to occur at such an early age, shows pulsation, has its peculiar whirr, and, moreover, is immovable. Cases, however, in which the bronchocele is large and developed laterally may readily be mistaken for aneurism, since the tumor, overlying the carotid artery, will transmit its pulsation; but the slowness of the growth, the absence of the aneurismal whirr, and the ease with which the tumor can be moved away from the cervical vessels will serve to distinguish the affections.

The most characteristic feature of goitre is its ascent and descent with the trachea during the act of deglutition. Hence, by also presenting this peculiarity, cystic tumors situated over the thyroid gland resemble goitre perhaps more than any other affection; but these are generally of small size, and can be recognized, if other means fail, by the use of the exploring-needle.

When the disease is in its early stages and no organic change of structure has taken place, much can be effected by treatment, and even the entire disappearance of the tumor may sometimes be attained.

The administration, internally, of the preparations of iodine, the corrosive chloride of mercury, or the muriate of ammonia is found to be attended with very beneficial results; while sorbefacient lotions and unguents, such as tincture of iodine and ointment of the red iodide of mercury, are employed externally to excite the action of the absorbents. The detraction of blood by leeches placed over the swelling will also be productive of a great deal of good in many cases.

This girl shall rub thoroughly into the skin over the goitre a small amount of the ointment of the red iodide of mercury diluted with seven parts of simple cerate, and internally she shall take seven drops of Lugol's solution of iodine.

BELLEVUE HOSPITAL, NEW YORK.

Reported by W. H. FARRINGTON, M.D.

MALIGNANT DISEASE OF THE TESTICLE.

D. M., æt. 17 months, American, admitted November 1, 1873. Family history good. At birth the right testicle was noticed to be enlarged to about the size of an English walnut, and hard. For the first week after birth the testicle was drawn up tightly against the external ring; then it descended into the scrotum lower than the other. During the first year of life the testicle remained in about the same condition, not enlarging predominantly over the left, the integument preserving its normal appearance. The child was carried to a medical college for examination, and an exploring-needle introduced. What the exploration revealed is unknown; but one week later three incisions were made into the tumor, quite profuse hemorrhage following the operation. For a day or two the tumor decreased in size, then began to enlarge, no pain appearing to accompany its growth. The integument assumed a brownish discoloration. The child's health did not suffer in the least.

On admission, the general appearance is that of health; appetite good; bowels regular; child is bright and cheerful. The right testicle is enlarged to the size of a goose-egg; the spermatic cord is elongated, and the scrotum distended, reaching to within an inch of the knee. Considerable dusky discoloration exists in the scrotum, especially on the right side; but no ulceration is detected.

November 1, 1.30 P.M.—Patient anæsthetized and an exploratory incision made by Prof. J. R. Wood, revealing malignant disease of the medullary type. Enucleation of the organ was then performed, with trifling loss of blood. Patient rallied well from the operation, and was apparently comfortable until November 2, 2 A.M., when he became restless and seemed to be suffering from pain. At 6 A.M. he suddenly developed clonic convulsions. The dressings were removed, the child was placed in a hot-water bath, and a few drops of spirits of camphor were given, with little or no effect in arresting the convulsive movements. Chloroform was administered, and the convulsions ceased immediately, but returned in an hour, when they were again arrested by chloroform. Ordered sodium bromide, gr. ij every hour.

9 A.M.—Patient has muscular twitchings, confined mainly to the right side. Surface hot and dry; pulse rapid and weak. Ordered brandy, ℥ v every half-hour.

12 M.—The muscular spasms are now limited to the flexors of the right forearm. Pupils slightly dilated; some oscillation of the eyeballs. Pulse has more force and less frequency; surface cooler. Brandy discontinued. Sodium bromide, gr. ij every two hours, ordered. Patient refuses to nurse.

4 P.M.—Surface hot; pulse frequent and feeble; respiration rapid, and jerking muscular movements confined to right forearm. Brandy renewed as before.

November 3, 9 A.M.—Child slept none through the night. Has convulsive movements of right arm and face. Respirations rapid and laborious. Pulse rapid and feeble; skin hot and dry. Sponging of surface with tepid water ordered, and brandy, ℥ v every half-hour.

12.30 P.M.—Patient moribund. Has muscular spasm in both arms and face.

2 P.M.—Died.

Autopsy not allowed by parents.

SUBACUTE PLEURISY—ASPIRATION—DEATH FROM SYNCOPE.

S. D., æt. 21, single, England, admitted June 7, 1873. Patient was admitted on the above date suffering from subacute pleurisy on the right side. On August 1 she was appointed night nurse, though still suffering from cough, dyspnœa, and pain in the right side, with physical evidences of fluid persisting in moderate quantity.

October 2.—Patient is compelled to relinquish her night service, and is readmitted as a patient. Pulse 132; respiration 48. Physical examination reveals dulness over the left lung, with absence of vocal fremitus over both sides. Respiration short and sharp on both sides, with a bronchial character, especially on the left side at the base, where it is distinctly bronchial. On right side respiration quite good to the base of the lung. Heart is pushed about two inches to the right of the sternum; the apex about the same distance to the left.

October 3.—Exploration with hypodermic syringe made, and clear serum obtained. Pulse 136; respiration 56; temperature 103½°. Patient has great dyspnœa, rendering speech almost impossible. Pulse feeble. Aspiration employed, only ℥ij of serum being obtained.

6 P.M.—Patient still suffering as before. Ordered stimulants, and tincture digitalis ℥j.

9.30.—Pulse stronger, and patient feels better. Aspi-

ration again employed, and four pints of fluid withdrawn slowly, without any feeling of discomfort to the patient. Respiration better; pulse gaining in strength.

11 P.M.—Patient resting quietly in bed.

11.15 P.M.—During the temporary absence of attendants, patient rose from her bed to the floor, and immediately fainted. Surface cold; face blanched; pulse feeble. Cold affusions to head employed, and hypodermic injection of whisky given, the pulse gaining temporary strength, but sinking again almost immediately. In a few seconds the patient died.

Autopsy.—Both lungs adherent to the pleuræ, which are thickened and contain a few miliary tubercles. In each cavity a few ounces of serum found, containing gelatinous lymph. Lower lobe of left lung compressed; lower lobe of right lung congested and œdematous. Point of aspiratory puncture appears only as a small spot of ecchymosis. Other organs healthy, with exception of bladder, which presents signs of inflammation.

ST. MARY'S HOSPITAL—DISPENSARY FOR NERVOUS DISEASES.

SERVICE OF CHARLES K. MILLS, M.D.

Reported by JOHN S. BAGG, M.D., Resident Physician.

HEMIPLEGIA.

A. M., æt. 36, married, had severe attacks of rheumatism at the ages of sixteen, twenty, and twenty-six; suffered also from slight rheumatic pains at irregular intervals up to the time of coming to the hospital. Six months before presenting herself for treatment, when several months pregnant, she was seized with vertigo while sweeping, at the same time experiencing intense pain in the back of the head. She lay down, but after a short time was able to go to her supper, and, while eating, her jaws became stiff, and she fell back paralyzed.

She was carried to bed, and remained there helpless, —three weeks later giving premature birth to a child, which lived but two days. She was confined to her bed six weeks in all, after which she could manage to hobble about. In the interval before applying to the hospital, four months and a half later, she stated that her condition varied, being better and worse by turns, but there was no decided improvement. During this time she was under no regular treatment.

On coming to the clinic she had marked hemiplegic facial paralysis of the left side. Her tongue was "thick," and protruded with difficulty. There was no ptosis, but slight convergent strabismus. She could not masticate on the affected side, and she had some trouble in swallowing. Her left arm hung lifelessly. She could not elevate it at all, except by inclining her body towards the right. The forearm was slightly flexed, but could not be moved by the patient. The fingers were tightly clenched, and could not be opened except by prying. The deltoid was slightly atrophied, as were also the muscles of the posterior scapular region. The left leg was dragged in walking, the left foot describing an arc as it was with great effort lifted. The toes were flexed. On examination, a blowing heart-murmur was discovered.

Owing to the still existing rheumatic tendency, iodide of potassium, in ten-grain doses, was given three times daily. Kneading of the muscles, and stimulating liniments, were ordered. One-twentieth of a grain of strychnia was given daily, and the left side was faradized twice weekly. This treatment was continued about a month, the patient slightly improving, when hypodermic injections of sulphate of strychnia were resorted to, with most decided benefit. After twelve injections of one-thirty-second of a grain had been given hypodermically, the patient had almost regained the entire use of her paralyzed side, being able to open her fingers, elevate her arm, walk with very slight limp, etc. The hypodermic injections and faradization will still be continued.

TRANSLATIONS.

NITRITE OF AMYL.

HAVING his attention particularly directed to the nitrite of amyl by its effect in a case of angina pectoris, to which it gave immediate relief, Dr. Amez-Droz (*Archives de Physiologie* for September, 1873) was led to study the literature of this subject, and to endeavor to ascertain by experiment the physiological action and therapeutic value of the drug. The article is briefly as follows:

When the vapor of nitrite of amyl is inhaled by man, it produces redness of the face, marked pulsation of the carotid and temporal arteries, occasional palpitation of the heart, sometimes a sensation of vertigo with headache, and an acceleration of the pulse. The cough excited in some cases by its inhalation is evidently due to the irritating effect of the vapor on the bronchial mucous membrane. Although no dangerous toxic results in man have yet been reported, because the feeling of distress and sickness which supervenes almost immediately upon the commencement of the experiment prevents a continuance of the inhalation, such results undoubtedly may be produced, because we know that it causes death in the lower animals. In these the first effect is great restlessness; the animal sneezes, and struggles to get away; the respiration becomes quickened and fuller, and occasionally stops. These respiratory troubles cannot be considered as a specific symptom of the intoxication by nitrite of amyl; they are more probably due to direct irritation of the bronchial passages: besides, the injection of any liquid whatever into a vein generally produces a sense of oppression, and acceleration of the respiratory movements. The action of the heart becomes equably increased, and the thoracic wall is visibly moved by its strong pulsations. Following this are alternating tonic and clonic contractions in the extremities, and even in the face; then opisthotonos, shivering, involuntary excretions, vomiting, and coma. Post-mortem results are not very marked, except the dark color of the blood, and the dilated, engorged heart; death being produced, apparently, by paralysis of this organ.

The method adopted for the administration of the nitrite of amyl is of great importance. The means by which the toxic effect is produced most quickly is by injection into a vein; the symptoms show themselves immediately, and rapidly pass off. It is surprising to note the amount of urine passed by the animal immediately after such an injection, although the bladder may seem to have been completely emptied but a few moments before; this occurs with each injection. It would have been of interest had a chemical analysis of this urine been made; but this was, unfortunately, omitted. By inhalation death can be produced by a comparatively smaller amount; though the symptoms are not so marked, and the inhalation must be continued for some time in order to produce external manifestations. By hypodermic injection the substance reaches the blood so slowly that it produces but little effect, the elimination taking place so rapidly that there is not at any time a sufficient quantity in the organism to produce the characteristic symptoms. As for the digestive tube, it seems to possess no decided advantages, but to be on about the same footing as the subcutaneous in-

jection. The administration by inhalation being more energetic, and at the same time watched with facility, it is natural that physicians should have unanimously preferred this to its internal exhibition, which has been abandoned. Following the administration of the nitrite of amyl, there is a marked decrease in the intervascular pressure, as shown by the manometer in all the experiments. There is also a constant dilatation of the capillaries, or, more properly, the fine arterial ramifications, which was not seen in the fine venules, and was but partially found in the capillary net-work proper.

This dilatation is evident soon after the inhalation is commenced, increases sometimes to double the calibre of the vessel, and, after a certain time (fifteen to twenty minutes), diminishes again, whether the inhalation is continued or not. This contraction continues until the vessel is smaller than before the inhalation. If the experiment is repeated, the phenomena are reproduced, but more rapidly. There is also a constant slowing of the capillary circulation, which follows the dilatation, and may be due to the lessening of the pressure. During the muscular spasms of the animal, the dilated vessels become momentarily smaller, and the circulation more rapid; but when the animal becomes quiet the effect of the nitrite of amyl is re-established.

The lowering of the blood-pressure and the capillary dilatation could only be produced simultaneously by an intervention of the vaso-motor nervous system, central or peripheral, or by automatic change in the walls of the vessels. A weakening of the heart's action cannot be considered as the cause, for that alone would not produce capillary dilatation: this must therefore precede the lowering of the tension, which would be the natural consequence of such dilatation.

A toxic effect upon the vaso-motor centres in the medulla would naturally appear to be the explanation of these phenomena, because direct or reflex irritation of that ganglion produces a diminution of the tonicity of the walls of the vessels. The nitrite of amyl is able to act in two ways upon the vaso-motor nervous centre: either by being brought by the blood directly in contact with that important organ, or by reflex action from irritation of the peripheral nerves. The limited extent of this nervous centre, and the small amount of blood conveyed to it, exclude the first hypothesis, while it is easily seen that by irritation of the peripheral ramifications of the pneumogastric, or some other nerve, the nitrite of amyl may produce a reflex irritation of the vaso-motor centres, and hence a diminution of the tonicity of the vascular walls. Two alternatives remain: either that the peripheral extremities of the vaso-motor nerves are affected, or the intimate muscular fibre of the vessels; but, as this leads us to the vexed question of muscular irritability, which we prefer not to discuss, we will merely state the fact that under the influence of nitrite of amyl constant dilatation of the pupil does not occur, which demolishes the theory of Brunton, who argued that from this dilatation we might infer a similar action in all the unstriped muscular fibres. Let it be the one or the other, the blood is really the irritating medium; and, rather than admit a direct action of the nitrite of amyl, which is not probable, we are disposed to take into consideration its chemical effect.

We know that it acts energetically in preventing the oxidation of bodies, and particularly that of the blood, also interfering with the elimination of its carbonic acid. This is corroborated by the post-mortem appearance of the heart and the arteries, which are filled with very dark blood. In conformity with the theories now generally admitted, this blood charged with carbonic acid, by strongly irritating the peripheral vaso-motor nervous filaments or the muscular fibres themselves, might rapidly induce a condition of paralysis leading to dilatation. In company with certain distinguished physiologists, we adopt the theory that there are two species of muscular fibres in the walls of the vessels. The nitrite of amyl produces an irritation of those fibres which preside over dilatation, while those that govern contraction are unaffected by it.

The acceleration of the heart's action depends upon the capillary dilatation. In those cases where it is very marked, as after a large injection into a vein, it is possible that the ganglia which give to the heart its automatic motion are also affected by it; and, if it be pushed too far, death may supervene from paralysis of the heart.

The therapeutic employment of the nitrite of amyl is based upon these facts, and is particularly indicated where there is probable spasmodic contraction of the capillaries. If it has not always answered to the expectations of those who have used it, it is because it has often been improperly employed. Resting on a physiological basis so clearly defined, the new remedy holds an elevated position at the side of digitalis; and we hope that new experiments will soon be made to determine under what circumstances the physician may employ it with success, so as to contribute towards obtaining for it the right of introduction into the Materia Medica.

FRANK WOODBURY, M.D.

THE TEMPERATURE OF THE BODY AS AN AID IN THE DIAGNOSIS OF SOME FORMS OF SYPHILITIC DISEASE.

By DR. BÄUMBEE (*Deutsches Archiv für Klin. Med.*).

THESE observations were made upon patients suffering from the three following forms of syphilis: 1. Pustular syphiloids of the eruptive stage. 2. Rheumatoid forms of syphilis. 3. Ulcerative syphilis. The first case observed was that of a man with intermittent fever of a quotidian type, who three months previously had had an indurated sore, and at the time of observation had a pustular eruption, which later became ulcerative. Every evening for ten days the patient took five grains of quinine; but, as no effect was produced, the inunction treatment with mercurial ointment was ordered. After the tenth inunction a remission of the febrile symptoms was noticed, but eight days later the fever and the syphilitic pains returned.

The rheumatic forms of syphilis were observed in numerous patients, and under various conditions: in some cases, as swelling of the joints and acute or chronic periosteal trouble; in others, again, as affections of the fibrous tissues around the joints and bones; and in a third class of cases simulating very closely acute articular rheumatism. Some of the cases with periosteal affections presented a great similarity to chronic phthisis in the well-marked remissions they manifested. Dr. Bäumbee convinced himself of the syphilitic origin of the disease by the result of treatment with iodide of potassium. A woman aged 29, with infiltration of the apices of both lungs, and enlargement of the spleen, suffered from ulcerative syphilis, and presented a well-marked variation in her morning and evening temperature. The use of quinine had no effect in lowering the temperature of this patient, but the use of the iodide of potash effected this at once, although there was a fresh outbreak of the ulcerative process in the pharynx, and upon the calf of the leg and on other portions of the body. Dr. Bäumbee thinks that this form of remittent fever takes its start from the masses of exudation, and that a pyrogenic matter is formed in them which is peculiarly susceptible to the action of iodide of potash, while in other forms of remittent fever this drug is without influence.

WM. ASHBRIDGE, M.D.

PHILADELPHIA

MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, NOVEMBER 22, 1873.

EDITORIAL.

PROFESSIONAL ADVERTISEMENT.

IN our last editorial with the above caption, for divers causes which it is not necessary to recapitulate, we objected to the newspaper cards of the Pennsylvania Hospital. We did not, however, give the most cogent reason for the abandonment of their publication,—namely, the fact that if one hospital is allowed to advertise in such manner, all hospitals must have the same privilege—for whilst the practice is sufficiently unbecoming and unjust in the case of a general hospital, it is much worse in that of a special hospital. The reason of our selecting the Pennsylvania Hospital as the point of attack was because personalities—*i.e.*, reflections on individuals—could in this way be best avoided, since the custom originated before any of the present staff were even students of medicine, and because in connection with *this* hospital originated that practice which, at first harmless, has grown into an evil, and has been mother of worse evils.

One of the great dangers of specialism is its tendency to run into quackery,—a tendency so marked that it would be very hard to draw the line between some noted specialists and the quack. The specialist of course assumes the position that he is superior in his own line to his colleague the general practitioner. Granting that he is so, it becomes him to take his place most modestly. As, however, his bread and butter are to be obtained not only through the general practitioner, but also through the recognition by the laity of his superiority and their consequent spontaneous consultation of him, the temptation is immense for the specialist to constantly exalt or parade his knowledge on every fair opportunity, and, as he gradually grows less and less sensitive, to adopt more and more doubtful expedients for making himself known and appreciated among the general populace.

The larger the population of any centre, as already asserted, the greater the importance to the individual of advertisement. So in London the specialist thrusts himself forward far more boldly and persistently than with us. A recent English writer uses the following language, which, we are happy to be able to say, is not as yet in any case applicable to the Philadelphia specialist:

"It is not only the herbalist and the bone-setter, but, with shame be it said, it is nowadays the well-educated specialist who sings with quite as lusty a voice as they,—

"'See here, see here, a doctor rare,
Who travels much at home;
Come take his pills,—they cure all ills,
Past, present, and to come.'"

Although, as just stated, we are in this matter far behind our transatlantic brethren, yet we have started upon the road, and, at the rate we are travelling, will soon overtake them, especially since the Council of the London College have put the brakes down pretty sharply.

The great objection we make, then, to the practice of our oldest hospital is that it has opened the gate very wide and made a smooth pathway for the specialist to travel. Day after day there appear in our public press advertisements of the Wills, Orthopædic, St. Mary's, and probably other hospitals, offering treatment of diseases of the nervous system, or diseases of this or that organ or set of organs, by Doctor this and that, residence so and so. Now, we want to know in what respect these cards differ in effect, if they do in spirit, from private cards. Why would it serve the purpose of Dr. Sly, dermatologist, any better to insert his private card in the newspaper than to have the managers of some hospital put it there for him and endorse him before the people with all the weight of their private and public influence?—saying, practically, Dr. Sly is a most eminent physician,—a specialist of such unrivalled ability and acknowledged eminence that we have secured his services for our institution.

If some unknown or young and uninfluential physician should modestly take perhaps the only way he has of making himself known, and simply put "oculist," or "aurist," or "dermatologist" upon his door-plate or window-shutter, he would be at least tabooed, if not actively proscribed, by the Philadelphia profession; and yet we see day after day the names

of men who are leaders among us appearing in the public press clothed only in the flimsy veil of a hospital card. We denounce the forbidding of the one and the allowing of the other, as a gross injustice, —an injustice which ought not to be tolerated by any right-minded body of men for an instant. We do not blame the physicians who are advertised; we censure no man for taking advantage of every chance to forward his own interests; and so long as the custom exists, and is allowed by the medical authorities, no blame is to be attached to any individual for allowing himself to float down with the current. To find fault with any one for not being a reformer is simply childish.

See, however, what the practice will lead us to in the near future, and what it has already led to in the present.

As is well known, both the Jefferson Medical College and the University of Pennsylvania have organized dispensary services with full corps of specialists. The University Hospital is *un fait accompli*, and that of the Jefferson no doubt will be soon: as a matter of course, if not to-day, some time in the next few years the specialists connected with these hospitals will be dignified with the titles of professors. Both the institutions named—be it said to their honor—have abstained from advertising their staffs. But if the present course be persisted in, sooner or later the incumbents of clinical chairs will use their positions for their own personal advantage. When the custom is sanctioned by the general consent of the profession, they would be false to themselves if they did not do it.

As is well known, the patients who come to the school hospitals are largely from out of town. If it be right to advertise in one secular paper, it is right to advertise in all. If motives of policy excuse our city institutions for advertising in the city, the same reasons would apply far more strongly to these institutions advertising in the country.

Suppose, then, a prominent card were placed in every newspaper in our own and the adjoining States by the institutions mentioned,—"Dr. ——, Professor of Diseases of ——; Residence, ——:" with the prestige of the schools it would make the fortunes of all concerned. Your orthopædic and other special hospitals would appear, at least on paper, but as rush-lights. Think of it!—a displayed advertisement, magnificent wood-cut of buildings, long array of names, a concentration of force before the community; but that is what we are drifting to, unless some strong hands seize the helm and guide us elsewhere.

Perhaps the strongest objection that can be made against public advertisements by hospitals of their staffs is to be found in the general looseness of sentiment on the subject engendered by a sense of the injustice of the procedure, and by the feeling, "If Dr. Sly can be advertised in that way with impunity and profit, I can do it in some other way." Let us see what this has already led to.

We remember how, many years ago, in early boyhood, we gazed with awe-stricken eyes upon pictorial quackery,—the frightful ulcers, the distorted limbs, the alpine tumors, the ghastly faces, and the sweet, peaceful, nay, ecstatic countenances after the electric salve or the magic powder had worked its miracles. So vivid an impression was made upon us by these pictures that to this day we cannot forbear glancing over such sheets whenever they come in our way. For this reason, some weeks since, when an open pamphlet was put into our hands by a friend, we looked with interest at the pictures "before treatment" and "after treatment," noticing especially the unusually good character of the cuts, and how the crooked had been made straight and the lame to leap like an hart. Judge of our astonishment, O reader! when, on turning to the title-page, we found that in our hands was the "Annual Report" of the Orthopædic Hospital, and that emblazoned on its front were the names and addresses of some of the foremost medical men in the city! Of course none of these gentlemen knew anything about this pamphlet until after it was published. Of course the photographs of their cases were taken, and the wood-cuts made, without their knowledge. With the greatest of pleasure we allow that the medical gentlemen were ignorant of, and consequently are in no sense responsible for, this action of the board of managers. We are confirmed in our judgment by noticing that at least some of the cuts are taken bodily from the catalogue of one of our instrument-makers!

> "John Gilpin kissed his loving wife;
> O'erjoyed was he to find
> That, though on pleasure she was bent,
> She had a frugal mind."

The pamphlet is meant for circulation among the populace. It is arranged to appeal to the ignorant. Does any one suppose that a gentleman who has five or ten thousand dollars to give away will select any individual hospital because its report is studded with the "results of treatment"? No; but the artisan or the laborer whose child is afflicted may, if out of work, take the sufferer to the institution, or, what is more to the point, if the times be good, will consult Dr. —— who has wrought the depicted miracles.

In what respect the spirit of this report is more commendable than that of certain institutions usually spoken of as "quack" we should be glad for some correspondent to point out to us. If it be suffered to go to a second edition without an earnest official protest from the medical board, the latter ought to be held in the strictest sense responsible for it. "*Shall not suffer*," says the Code.

Another indication of that growing demoralization whose seed is the practice of the Pennsylvania Hospital is the appearance in our daily papers of well-written and laudatory accounts of surgical operations performed by Doctor this or that.

It may possibly happen sometimes, but it must be very rarely, that the belauded operator really has no suspicion in regard to the publication before it is done. Of course he does not write the account; perhaps he may be able to say with a certain degree of truth that he did not know it was about to be published. In the great majority of cases, however, he could have known, if he had not suffered from a sort of moral or intellectual strabismus.

"'Do you see him here now?' said the judge.

"'No, I don't, my lord,' replied Sam, staring right up into the lantern in the roof of the court.

"'If you could have pointed him out, I would have committed him instantly,' said the judge."

If a physician have knowledge or suspicion that an operation of his is to be mentioned in the public press, he is bound to prevent the article from being printed. The Code says, "shall not suffer such publications to be made." Of course he can prevent it, if he really try. No editor of a respectable paper would have the paragraph inserted, if he saw that the operator was really in earnest in trying to keep it out and made a personal matter of it. After all, it is a previous violation, in the great majority of cases, of the Code of Ethics, which gets a surgeon into difficulty. The Code forbids "to *invite laymen* to be present" at operations. Reporters do not haunt the medical lecture-room. It may be only a hint to a patient or a friend which starts the ball.

As some of our readers probably have heard, there is a medical society known as the Philadelphia College of Physicians,—a society supposed to comprise the *élite* of the profession,—to be aristocratic. Scientifically, this society is as dead as the equally aristocratic city of Annapolis,* or as the dry bones in the valley of the prophet. It has been supposed that it is, however, the repository of professional ethics. Is this not so? Is the society to become only an expensively and awkwardly organized "library association"? Where are the censors of it? Why is the representative medical journal of the community forced to show forth our weaknesses to the world, as the only way of stopping the growing evil?

* Perhaps it may not be known to some of our readers that Annapolis is one of the oldest cities in the Union, and was settled by the *crême de la crême*. Not long since, mansions in good repair were sold for prices which did not equal the cost of the bricks in the garden-walls.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting was held October 22, 1873, at 8 o'clock P.M.,

DR. W. B. ATKINSON, PRESIDENT, in the chair.

Dr. O'HARA remarked that he had been in the habit of relieving frontal neuralgia by a wash of bay rum, vinegar, and water, of each half a pint, together with an ounce of the muriate of ammonia. Recently he had used it in a case of injury to the brain from concussion, for a period of three weeks, when it was found that quite a number of hairs had grown upon the scalp, which had been bald for several years. He had found since that it was quite a valuable hair tonic.

Dr. TAYLOR said he had recently vaccinated a child of three and a half months, which after crying a few moments became quite hoarse, the voice having a croupy sound, which was soon reduced to a whisper, and finally was lost. This occurred whenever it cried, or even attempted to "crow," as it would do when pleased. He could perceive nothing unnatural about the fauces. The exterior of the larynx and thorax was perfectly normal, and the child quite fat. The parents had observed this peculiarity of voice since its birth, and thought it was croup; but as the child was perfectly well in every other respect, and a little rest brought its voice back again, they paid little attention to it. The doctor then asked some one to tell the cause.

Dr. COHEN, in answer to Dr. TAYLOR, said that the loss of voice under excitement, such as had been just referred to, was caused by temporary paralysis of the muscles of the vocal cords, or because the spasm would not allow them to come together properly.

Dr. H. Y. EVANS then read a paper entitled "Some of the Causes of Hæmoptysis" (which appears in the current number of this journal).

Dr. COHEN remarked, on the subject of hæmoptysis, that the pathology set forth in the paper seemed to be correct. As regards treatment, he had some experience with ergot given internally and by inhalation. He thought it answered the same local purpose as the iron salts, and, in addition, promoted contraction of the small vessels. He generally used the tincture; but the fluid extract he thought did as well. When spray is used for the lungs, the inhaler should be held at least a foot from the person; when intended for the larynx, it should be held close to the mouth. One drop of iron salt to the ounce is sufficient to produce coagulation. The use of common salt is valuable. Its action, however, is not perfectly understood. His treatment is to keep the patient quiet, in a semi-erect position, and to give tannic or gallic acid, or acetate of lead, with opium. His patients generally carry a pill consisting of one grain of tannin and one-quarter of a grain of opium; sometimes he used the acetate of lead instead of the tannin. He

had not used ergotin by hypodermic injection, but thought favorably of it. In a case of scrofulous diathesis, in which epistaxis occurred, he used tannin by injection with an ordinary syringe, and the patient was greatly relieved.

Dr. EVANS remarked that in the copious bleeding of the late stages of phthisis the atomized Monsel's solution is the more prompt in its action, and should be the first employed. But the ergot, by its action upon the arterioles, is more permanent in its effects, and may be continued for several days without any objectionable results.

Dr. SLOCUM remarked that he had found ice useful in connection with other remedies.

Dr. ASH said that he had used the oil of erigeron in ten-drop doses with success. A medical friend, to whom he mentioned it, had also used it with marked benefit.

Dr. BUCK stated that his attention was first called to the use of erigeron by Dr. Samuel Jackson.

Dr. ATKINSON mentioned that the use of iron and ergotin in his own practice was attended with success.

Dr. TAYLOR had some success in arresting hemorrhage from the lungs by the use of five-grain doses of gallic acid every half-hour. Tone was then given to the weak and relaxed vessels, and the cough allayed by the use of sulphate of morphia, with five-drop doses of aromatic sulphuric acid every two or three hours, in the syrup of wild cherry.

Dr. STETLER had found the oil of turpentine most valuable. He thought its power in arresting hemorrhage was due to its general tonic properties.

Dr. MCREAN had used turpentine in hemorrhage from the piles. In the case of a druggist, he had always found it successful in doses varying from ten drops to a drachm.

Dr. BURNS said the subject was one of great importance and highly interesting. Unfortunately, his experience of this disease was more extensive than with many others, inasmuch as both his father and only brother had hemorrhages, extending over a period of twenty years. From this circumstance his medical attention was early called to the subject. When bleeding was in common use, he bled in most of these cases. In many cases of hæmoptysis the hemorrhage is due to a plethoric condition and weakened pulmonary vessels. He has bled while blood was yet flowing from the lung. He used this treatment in his brother's case: for fifteen years he bled him constantly, and always with decided benefit; but for the last five years of his life he was constrained to follow fashion, and did not bleed so much: however, in his case the same necessity did not exist, neither was his death produced by hemorrhage, but by disease of the liver. He only remembers one case in which bleeding was probably wrong, owing to the fact that the patient was in the last stage of phthisis and too weak.

He has bled oftentimes in epistaxis with marked benefit, but has now in a great measure discontinued venesection, relying more on medication, as we have more agents than in former years well adapted to combat such cases.

To arrest hemorrhages he uses sinapisms to the thorax, hot mustard pediluvia to the extremities, with the internal use of extract. secale and tinct. ferri chlorid., drachm doses of ol. terebinthinæ, followed by — ℞ plumbi acet., gr. ij; acid. tannic., gr. ij; opii, gr. ss; ft. pil. unam; capiat unam pro re nata. Ice and ice-water or iced lemonade for drink, with the chest well elevated.

To meet peculiarities, other means besides these have been used, as digitalis, sulphate of zinc, etc.

Dr. BURNS thought that the spray of various medical agents was worthy of consideration. He had used Monsel's salt of the strength of ℈i to ℥i, with marked advantage, in a severe case of hæmoptysis, and by injection with a small syringe, in epistaxis, with success.

He said that in the early period of his life, when threatened with pulmonary disease, he was an illustration of the advantage of blood-letting, having had that operation performed numerous times: on one occasion four pounds of blood were removed, under the supervision of the late Dr. Samuel Pickering, a disciple of the Rush school.

By this treatment, Dr. BURNS feels confident that he has been saved thus far from hæmoptysis and phthisis also, and he would not hesitate, under similar circumstances, to repeat it.

Dr. O'HARA remarked that among the remedies mentioned, he would like to call attention to the use of digitalis. In a case of hæmoptysis alternating with menorrhagia, he had always been able to correct the hemorrhage by a pill of digitalis and sulphate of iron.

Hæmoptysis depends upon many causes. If, as he supposes, in many of these cases hemorrhage is due to irregular or excited movements of the heart, then digitalis should act favorably in controlling epistaxis, hæmoptysis, and menorrhagia. Even where hemorrhage occurs independently of organic disease of the heart or any excited condition of the circulation, digitalis is highly beneficial. The late Dr. Brinton, as referred to in Ringer's Therapeutics, esteemed it in hæmoptysis. He states that it reduces the frequency of the pulse, when bleeding ceases. The infusion should be used, and large doses may be needed.

Dr. TAYLOR spoke of the benefit of venesection in hæmoptysis in the case of his uncle, who died at the age of seventy-four years. He had been subject to hemorrhages from the lungs from the age of thirty years, sometimes very severe. They occurred every few years, and he was treated during most of the time by the late Dr. Samuel Tucker, who invariably bled him and then gave small doses of the acetate of lead and opium. The old gentleman was constantly feeling and watching his pulse, and when it rose above the normal condition he would often send for a bleeder before he notified his physician. His cough was controlled by Dr. Samuel Jackson's pectoral mixture. So accustomed was he to these hemorrhages for many years that in his last illness he thought that if he had an attack of hæmoptysis he might recover again.

Dr. WELCH thought there was some danger of falling into the error of attributing too great remedial power to agents used for arresting hæmoptysis, and added that we should not forget that this affection rarely proves immediately fatal, and that the hemorrhage not unfrequently ceases of its own accord.

REVIEWS AND BOOK NOTICES.

AN ESSAY ON THE PRINCIPLES OF MENTAL HYGIENE. By D. A. GORTON, M.D. Philadelphia, J. B. Lippincott & Co., 1873.

The amount of wisdom wasted on the world is very great: in fact, the whole of mankind are like Bunyan's "Slough of Despond,"—ready to swallow up wholesome instruction by the cart-load, and grow rather the worse in so doing. This essay on mental hygiene might be metaphorically likened to a half-peck measure of wholesome instruction. Did we write wholesome? All apples are not ripe, and many of fair exterior cause cramps to the eater: yet are they not all sold by the measure? In some respects this essay is superior to most works of its class. It invades the treasury of general literature, and its flowers and simples are culled from a thousand fields. Its author is skilled in the use of the scissors. He says (page 11, preface), "He who reads the following pages . . . cannot fail to mark

the number of quotations introduced. Had I paraphrased freely, my paragraphs would have looked more original." We are glad he did not paraphrase; else should we have missed many rare sentences of Emerson, Coleridge, Bayard Taylor, Carpenter, Maudsley, Benjamin Rush, Winslow, Lecky, and so on, *ad infinitum*. And all these authors are brought before us to prove that in the matter of "the sublime unfolding of the human brain and mind, proper conditions are the antecedents indispensable to its highest realization in any department of nature or realm of matter or mind."

A certain similarity may be traced in all the works that issue from the press with the avowed aim of reforming the world. Dogmatic, eloquent with tinsel fire, wise with borrowed wisdom, strong in odd statistics, weak in logic and theology, they endeavor to show us how wrong we have all been and are,—except some few people who know better,—till the wonder grows, as we read, how we can go on so and continue to do so still. —how in the face of warning and anathema men will still eat improper food, which injures the mind,—live in hovels, which hinders æsthetic culture,—marry for physical beauty, or position, or money, or for any other reason than love and the highest adaptability and fitness, which causes their children to be vicious and immoral,—when they all know, or may know by reading this book, exactly what to eat, and wear, and live in, and whom they should marry; or, if they have doubts, the author of this book, or the many authors of many similar books, would tell them in a minute. How can men give way to temper, become ferocious, commit murders, when a diet of mush-and-milk would make them mild and gentle? Why will our legislators eat beefsteak, when bread and honey would render them incorruptible?—or our officials indulge in terrapin and oysters, when buttered toast would secure their honesty? And why, if these things are true, are we not all by this time, from President to election-repeater, upon an appropriate and rigidly-enforced system of diet?

The essay on the Principles of Mental Hygiene is wide in its scope. The little matters of diet commented on above are but as pebbles upon the margin of its ocean of facts and fancies. The author is an enemy of tobacco, and quotes Parton and Lizars. The work of the latter writer, however, on that topic, we had always regarded as quite unfit for serious quotation, it being more properly included among the curiosities of literature. Mr. Lizars considered that the use of tobacco produced cowardice; but the late European war certainly did not prove those perpetual smokers, the Germans, deficient in courage; and where smoker meets smoker upon the deadly field, would not such an effect of the weed be advantageous, by producing mutual fear and mutual suspension of hostilities? The author's own observations are rare: "While it must be freely admitted that many good and excellent men smoke, few such, I think, chew the weed;" and again, "The noblest types of manhood and womanhood generally have no affinity for the weed: indeed, I have seldom known a man, and never a woman, greatly distinguished for the high quality of his or her moral perceptions, who was an habitual or even an occasional user of tobacco." We could wish that the author had here indulged in statistics, giving us the number of men and women distinguished as above with whom he is intimately acquainted: a wider range of choice acquaintances might have given him broader views. On the other side he quotes Mr. Bayard Taylor as saying, "Many an impatient thought, many an angry word, have I avoided by a resort to the pipe," and cruelly adds, "But would not a glass of cold water have had a similar effect?" We fear, in the words of Touchstone, "that such a one is a natural philosopher," and, as such, beyond the reach of argument.

The author also has his word to say to the muscular student of the period: "The pugilist who is distinguished for muscle is never famous for brains. The celebrity in letters is notoriously deficient in muscular agility and development," but fails to quote as examples the late Professor Wilson and the Ettrick Shepherd. Also the author is a disciple of Gall and Spurzheim, and discovers by dissection such facts as "inordinate strength and activity of both the passions and intellect, while conscience and the moral brain in general were singularly defective." We were not aware that the presence of conscience could be demonstrated upon the cadaver; its absence and that of the moral brain in the majority of corpses we cheerfully admit.

Again, we find (page 106), "Hahnemann, . . . although a physician, was even more a philosopher, . . . having experimented upon himself in testing the pathogenetic properties of drugs to a greater extent than any previous physician."

The author, after going into the subject of the general demoralization of trade, and the cheating, fraud, and adulteration with which the world is filled, gives this simple and happy solution of the problem: "The true remedy"—he has just been quoting two pages from Henry Ward Beecher on the adulteration of paints, coffee, and liquor—"obviously consists in diversity of mental occupation, and in especially avoiding prolonged mental concentration on single objects and pursuits." Columbus discovered America; but that was trivial. How wonderfully easy, how sublimely simple! Let us give our milkman a copy of the Essay on Mental Hygiene, and advise our too concentrated grocer to visit the theatre,—or some fashionable watering-place, should the season be hot,—to keep him from sanding the sugar.

In Chapter V. the author extols poverty and discourses upon prayer, which latter he considers "a valuable specific to mental hygiene," causing a healthy tone of mind in him who prays, though by no means altering the regular course of things. "These doctrines," he says, "it is objected, are unscriptural: undoubtedly so much the worse is it for Scripture;" after which appropriately follows a chapter on marriage, its abuses and wrongs, equally liberal and free, —freer, indeed, it seems to us, than even the average sentiment of the day. However, like all reformers, he has his remedy. "The primary remedy for these evils, then, is knowledge,—knowledge of ourselves." This is hardly a paraphrase, and not included by him in quotation-marks; and yet the same remark has always been attributed to an ancient Greek, with whose sayings Dr. Gorton is probably unfamiliar. This is so often the way with supposed discoveries and new remedies: they turn out to be old as the hills. Know thyself—not Emerson, or George Eliot, or Maudsley, or James Parton, but thyself—is the unsuspected kernel of the Essay on the Principles of Mental Hygiene. E. W. W.

GLEANINGS FROM OUR EXCHANGES.

THE PREVENTION OF LOSS OF BLOOD IN OPERATIONS. —Considerable interest has been excited among surgeons on the Continent, and also in this country, by the description, by Professor Esmarch, of Kiel, of a proceeding for preventing the loss of blood which often interferes seriously both with the performance and with the success of operations. The proceeding consists in pressing the blood out of the part to be operated on, and preventing its return until the operation is completed.

A clinical lecture of Professor Esmarch lies before

us, in which he gives a graphic description of an operation in which his plan was applied with complete success. The case was one of extensive necrosis of both tibiæ. While the patient was being brought under the influence of chloroform, a bandage of india-rubber webbing was applied tightly round each leg, from the toes to above the knee. Immediately above the bandage, a piece of india-rubber tubing was drawn firmly four or five times round the thigh, and its ends were secured together by hook and chains. This being done, the elastic bandage was removed from the leg, which was found to be quite exsanguine,—in fact, like the leg of a subject on the dissecting-table. The operation for removing the sequestrum was then performed. So utterly bloodless was it—so entirely free from the oozing which often requires the aid of an assistant to clean the wound before the surgeon can proceed with his operation—that Dr. Esmarch was able to dispense altogether with the aid of an assistant. In fact, his ordinary assistant, Dr. Petersen, was at the same time operating in a similar manner on the other leg of the same patient; Dr. Esmarch having decided that, as he could save the patient's blood, he would also avoid subjecting him to two operations at different times, and thus spare him the tedium of two processes of convalescence. The operation having been completed and the wounds dressed with plugs of amadou and antiseptic applications (Dr. Esmarch being apparently a follower of Prof. Lister's doctrines), the caoutchouc tube was removed, and the blood allowed to re-enter the leg. There was no hemorrhage,—the whole amount of blood lost during the operation being about a teaspoonful from the bone. The subsequent progress of the case was most satisfactory: the healing process proceeded so rapidly that the patient was enabled to leave the hospital, at his own request, on the twenty-first day after the operation.

The plan here described has been employed by Prof. Esmarch in eighty-seven cases of operation, from the beginning of the present year to August 15. Of these, twenty-one were cases of amputation and disarticulation (including six amputations of the thigh, eight of the leg, and one disarticulation of the humerus); eight were cases of excision, thirteen of removal of necrosed bone, five of operation for the removal of tumors. Of the eighty-seven patients, four only died. The amputation-wounds generally healed by the first intention, with scarcely any traumatic fever. In no instance have there been any indications of local disturbance of the circulation as the result of the compression.

The method described by Dr. Esmarch is obviously applicable only, as he states, to operations on the extremities, and on the penis and scrotum; in other regions of the body its application in the manner described is obviously impossible. Yet Dr. Esmarch makes a very ingenious suggestion for its application in operations on the head, neck, or trunk, remarking at the same time that the idea is one the possibility of carrying which into practice requires to be tested by experiment. It is that, as a preliminary to the operation, the elastic tubing should be applied around one or more of the limbs, so as to retain a store of blood in them, which might be allowed to re-enter the circulation from one limb after the other, if the patient showed symptoms of being exhausted by the hemorrhage attending the operation.

One caution he gives, and it is an important one. When infectious material is present in the limb to be operated on, the elastic bandage must not be applied, lest the poisonous matter should be drawn into the general circulation. In such cases, the limb is to be raised so as to empty it of blood as much as possible; and then the compressing ring of elastic tubing is to be applied.

The method described by Esmarch has been tested and found efficient by Prof. Billroth, of Vienna, Dr. Menzel, of Trieste, and the surgeons of St. Thomas's Hospital in London. Its simplicity, and the successful results which have hitherto attended its application, render it worthy the attention of surgeons. In cases where the surgeon has to operate in circumstances where he cannot obtain efficient assistance, it must be of great value.—*British Medical Journal.*

CROTON-CHLORAL HYDRAT.—The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrat, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain: this may be obtained by taking croton-chloral hydrat, and then the antecedent causes of the neuralgia may afterwards be inquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords:

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrat every hour. In three hours she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrat in grain doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine caused by a railway-accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide, gr. xx, and croton-chloral hydrat, gr. i, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the Pharmacopœia,—strychnia, iron, quinine, ammonium chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two-grain doses of croton-chloral hydrat every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have taken croton-chloral hydrat, not a single bad symptom has been observed. In grain doses, it relieves pain quickly, causes natural sleep, no subsequent headache or furred tongue. In several cases it acted as a gentle laxative.—*Benson Baker, in British Medical Journal*, October 25.

MEDICAL USES OF CHARCOAL.—A lecture was recently delivered before the Society of Arts, in London, by Mr. W. E. Newton, in which he attributed various virtues to peat and other vegetable charcoal. He stated that in the form of powder, put upon poultices, peat charcoal had been most beneficially employed in some of the London hospitals, especially in cases of offensive sores. It absorbed the putrid effluvia, and was of great benefit in cancers, etc. In many cases, when taken internally, it was productive of good effects in those troubled with disordered stomachs, such as heart-burn, sick headache, palpitation of the heart, and giddiness. In all

diseases of the chest, sore throats, diphtheria, or bronchial affections, peat charcoal has been found very useful. In France, a scientific commission, appointed by government to investigate this subject, has reported very favorably in regard to the usefulness of this substance for a great number of purposes. A minute quantity of peat charcoal, in powder, boiled with some American corn-starch and milk, has been given with marked success in London for dysentery.—*Druggist's Circular.*

INTUSSUSCEPTION IN CHILDREN (*Edinburgh Medical Journal*, September, 1873).—Dr. J. O. Affleck believes the following facts to have been satisfactorily established: 1. That the seat of intussusception in young infants is almost always some portion of the large intestine, usually the neighborhood of the ileo-cœcal valve. 2. That while a cure by the spontaneous reduction and replacement of the invaginated bowel seems occasionally to be effected, yet that that process of spontaneous cure by sloughing of the bowel and subsequent cicatrization, which is sometimes observed in adults and in children beyond one year, appears almost never to take place in young infants. 3. That in them the morbid phenomena following intussusception advance with great rapidity and fatality, and that treatment to be effectual must be prompt and active.

Dr. Affleck details two cases occurring in his own practice, one of which terminated in death, the other in recovery. In the former the initial symptoms were merely slight vomiting and gastric pain, and were not succeeded by urgent symptoms for forty-eight hours, when a discharge of blood and bloody mucus took place from the rectum. Enemata of warm water, inflation, and metallic mercury, were tried unsuccessfully. In the second case all the symptoms came on with great rapidity, and the bloody discharge occurred within a few hours of the commencement of the trouble. Enemata were quickly and forcibly expelled in this case, but inflation was attended with almost immediate success. There was distinct evidence of the sudden yielding of the obstruction, followed by cessation of the symptoms of disturbance, restoration of the normal functions of the bowel, and speedy recovery.

TREATMENT OF GLANDULAR AFFECTIONS (*Edinburgh Medical Journal*, August, 1873).—Dr. F. Page Atkinson, after alluding to the uncertainty which prevails in the treatment of glandular affections, asserts that, according to his own experience, and speaking generally, acute glandular inflammation requires the administration internally of the effervescing citrate of potash, and the application locally of a sedative, or the tincture of iodine.

As regards *quinsy*, he says he can predict with certainty that any patient will be quite well and able to resume his duties on the fourth day, and that he has never had a single case which went on to suppuration, when the following plan of treatment was observed: bicarbonate of potash, 20 grains; compound tincture of guaiacum, 30 minims; compound tragacanth powder, q. s.; in one ounce of water; and 15 grains of citric acid in half an ounce of water. To be taken in a state of effervescence three or four times daily. Twenty-five minims of the tincture of iodine in an ounce of water to be used as a gargle three or four times daily; three or four glasses of port-wine in the twenty-four hours, and as much beef-tea as the patient can take. The throat should be left uncovered, and poultices, steam-inhalations, and the use of purgatives should be particularly avoided.

When suppuration has already commenced, order simply the iodine gargle, the port-wine and beef-tea, and omit all internal medicines.

In inflammation of the breast, he gives a similar effervescing mixture, containing nitre and ammonia, and applies an ointment consisting of three parts ext. belladonnæ and one of ung. iodinii. In orchitis, he recommends a lotion of fifteen minims of laudanum and fifteen minims of the tincture of belladonna to the ounce of water; and in this disease, as well as in bubo, parotitis, etc., he employs the citrate of potash mixture, with slight variations.

MISCELLANY.

HOW SOON CAN A WOMAN CONCEIVE AFTER PARTURITION?—The editor of *The Clinic* (November 8) endorses the following communication of Dr. W. J. Bertolett:

"At 7.45 o'clock A.M. of December 12, 1869, I delivered Mrs. M. of a full-grown child, female, that lived but a few hours.

"On the 4th day of October, 1870, I was again called in the early part of the night to this same patient in labor, and at 12.30 A.M., in less than one hour after entering the house, delivered her of a full-grown healthy male child, weighing eight and a half pounds, that lived to die of an acute disease one and a half years thereafter.

"In this case the interval was 295 days and 4¾ hours, so that, allowing the period of gestation to be 273 to 280 days, it is fair to concede conception to have taken place at from fifteen to twenty-two days after delivery."

ANY one who visits Chilwell, England, can read in the cemetery the following epitaph:

"Here lies me and my three daughters,
Brought here by using Seidlitz waters.
If we had stuck to Epsom salts,
We wouldn't have been in these here vaults."

—*Medical and Surgical Reporter.*

INDESTRUCTIBLE PUTTY.—Boil four pounds of brown umber in seven pounds of linseed oil for two hours; stir in two ounces of wax; take from the fire and mix in five and a half pounds of chalk and eleven pounds of white lead, and incorporate thoroughly. The latter operation is quite essential.—*Druggist's Circular.*

A PASTE FROM RICE FLOUR.—Dissolve one hundred and twenty grains of rice flour and twenty grains of gelatin in two ounces of water, heating and stirring continually until it becomes thick and glassy.—*Journal of Applied Chemistry.*

THE CAUSE OF KLEPTOMANIA.—The most ingenious theory ever proffered, perhaps, in explanation of this peculiar diathesis was that lately stated in New Jersey: "because the individual had been vaccinated with virus from a hooking cow."—*The Clinic.*

CURE FOR CORNS.—A mixture of equal parts of glycerin and carbolic acid, applied with a camel's-hair pencil, is an excellent remedy for these painful companions.—*Journal of Applied Chemistry.*

WE see by a recent exchange that Dr. Hermann Beigel has just translated Dr. Marion Sims's work on Ovariotomy into the German language.

In the seventeenth century a law was in force in England that all women, of whatever age, rank, profession, or degree, whether virgins, wives, or widows, that should impose upon, seduce, and betray into matrimony any of his Majesty's male subjects by scents, paints, cosmetics, washes, artificial teeth, false hair, Spanish wool, iron stays, hoops, high-heeled shoes, or bolstered hips, should incur the penalty of the law, and that the marriage should stand null and void. It is said Mr. Gladstone, to increase his popularity, is about to have this law revived.—*Druggist's Circular.*

Perpetual Paste.—Dissolve a teaspoonful of alum in a quart of water. When cold, stir in as much flour as will give it the consistency of thick cream, being particular to beat up all the lumps; stir in as much powdered resin as will lie on a dime, and throw in half a dozen cloves to give it a pleasant odor. Have on the fire a teacup of boiling water; pour the flour mixture into it, stirring well at the time. In a few minutes it will be of the consistency of mush. Pour it into an earthen or china vessel; let it cool; lay a cover on, and put it in a cool place. When needed for use, take out a portion and soften it with warm water. Paste thus made will last twelve months. It is better than gum, as it does not gloss the paper, and can be written on.—*Boston Journal of Chemistry.*

Prof. Hyrtl has announced his purpose of resigning his chair in Vienna next spring. As, according to the *Allgem. Wien. Med. Zeitung*, the attendance of students on the Viennese school has declined to the amount of three hundred since the retirement of Skoda and the death of Oppolzer, it seems probable that the faculty will attempt to retain Prof. Hyrtl, one of their most noted members and popular lecturers. Prof. Hyrtl is just now probably in the acme of his powers.

Purgative Mixture of Vienna.—The *Journal de Pharmacie et de Chimie* gives the following:

Manna,	66	grammes.
Senna,	10	"
Cream of tartar,	4	"
Coriander, raisins, āā	2	"
Water,	320	"

Boil until the water is reduced to 190 grammes. Take before breakfast.

An instance of the ludicrous results which sometimes follow the use of words not generally known in addressing patients is given by Dr. Filippi in a recent number of *L'Imparziale*. A student, he says, was in his presence one day examining a patient in hospital, and asked him, "Are you addicted to onanism?" (*Ti dai all' onanismo?*) "No, sir," was the reply; "I am a shoemaker."—*The Clinic.*

Vanadium Ink.—One part of pyrogallic acid, three parts of finely pulverized and sifted gum arabic, and three parts of neutral vanadate of ammonia, are triturated in a porcelain mortar with a suitable quantity of cold rain-water. In a short time an excellent ink is formed, that flows freely and has a deep-black color.—*Journal of Applied Chemistry.*

White Ink, for writing upon blue paper (like that used for Seidlitz powders), may be made of a solution of potassic carbonate, simple syrup, and mucilage. This ink can be used with a steel pen, and cannot be extinguished, even by dilute sulphuric acid. It can be used on but one side of the paper.—*Journal of Applied Chemistry.*

Remember that a raw egg will clear your throat of fish-bones. Put one in a little hot wine, add some sugar, and the fish-bones will slip down all the easier. P.S.—You can take the egg, wine, and sugar, anyhow. They're good as a preventive; and you don't know what moment you may get a fish-bone in your throat.—*Druggist's Circular.*

Black Branding-Ink.—Triturate together one part of pine soot and two parts of Prussian blue with a little glycerin; then add three parts of gum arabic and sufficient glycerin to form a suitable paste.—*Boston Journal of Chemistry.*

Dr. Addinell Hewson, of the Pennsylvania Hospital staff, on his return to active professional life, after a long sojourn in Europe, was the recipient of a complimentary dinner from his colleagues and other prominent members of the profession. The affair passed off most pleasantly.

The next conversational meeting of the Philadelphia County Medical Society will be held, Wednesday, November 26, at 8 o'clock P.M., at the Hall of the College of Physicians. The regular physicians and students in the city are always welcome.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM NOVEMBER 10, 1873, TO NOVEMBER 17, 1873, INCLUSIVE.

Hasson, A. B., Surgeon.—Granted leave of absence for (20) twenty days, provided he makes satisfactory arrangements to supply medical attendance during his absence. S. O. 59, Headquarters Military Division of the Atlantic, November 12, 1873.

McKee, J. C., Surgeon.—To report to the Commanding Officer of the Presidio of San Francisco, to relieve Assistant-Surgeon De Witt of his duties at that post. S. O. 130, Headquarters Department of California, October 30, 1873

Wolverton, W. D., Assistant-Surgeon.—To report to the Commanding General Department of the South, for assignment to duty. S. O. 227, War Department, A. G. O., November 14, 1873.

Greenleaf, Charles R., Assistant-Surgeon.—To report to the Commanding General Department of the South, for assignment to duty. S. O. 227, War Department, A. G. O., November 14, 1873.

Caldwell, D. G., Assistant-Surgeon.—Relieved from duty in Department of the South, and to report in person to the Commanding General Department of Texas, for assignment to duty. S. O. 227, War Department, A. G. O., November 14, 1873.

Taylor, M. K., Assistant-Surgeon.—Relieved from duty in Department of the South, and to report in person to the Commanding General Department of Texas, for assignment to duty. S. O. 227, War Department, A. G. O., November 14, 1873.

De Witt, Calvin, Assistant-Surgeon.—On being relieved by Surgeon McKee, will comply with Paragraph 9, S. O. 192, c. s., from the Adjutant-General's Office. S. O. 130, Headquarters Department of California, October 30, 1873.

Patzki, J. H., Assistant-Surgeon.—To report in person to the Commanding General Department of the Platte, for assignment to duty. S. O. 227, War Department, A. G. O., November 14, 1873.

Matthews, Washington, Assistant-Surgeon.—Assigned to duty at David's Island, New York Harbor. S. O. 59, Headquarters Military Division of the Atlantic, November 12, 1873.